

Revision: HCFA-PM-95-4 (HSQB)
JUNE 1995

ATTACHMENT 4.35-B

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: NEVADA

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

Termination of Provider Agreement: Describe the criteria (as required at §1919(h)(2)(A)) for applying the remedy.

X Specified Remedy

(Will use the criteria and
notice requirements speci-
fied in the regulation.)

TN No. 95-08
Supersedes
TN No. N/A

Approval Date DEC 11 1995

Effective Date 7/1/95